

PA34271US-031/WL

Attorney Docket No.: 086035-000000US
Client Reference No.: PA34271US-031/wl

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **AGENT FOR USE IN DIAGNOSTICS AND THERAPY** the specification of which was filed on July 1, 2003 as Application No. 10/612,832.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

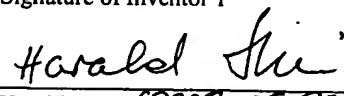
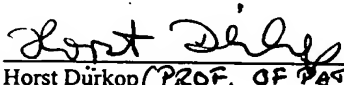
Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
Germany	102 30 909.4	07/09/02	
Germany	102 29 475.5	07/01/02	

POWER OF ATTORNEY: As a named inventor, I hereby appoint all practitioners at customer number 20350 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Joe Liebeschuetz TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8th Floor San Francisco, California 94111-3834	Direct Telephone Calls to: (Name, Reg. No., Telephone No.) Name: Joe Liebeschuetz Reg. No.: 37,505 Telephone: 650-326-2400
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Full Name of Inventor 1:	Last Name: STEIN	First Name: HARALD	Middle Name or Initial:
Residence & Citizenship:	City: Berlin	State/Foreign Country: Germany	Country of Citizenship: Germany
Post Office Address:	Post Office Address: Balbrunner Strasse 3	City: Berlin	State/Country: Germany Postal Code: 14195
Full Name of Inventor 2:	Last Name: DÜRKOP	First Name: HORST	Middle Name or Initial:
Residence & Citizenship:	City: Berlin	State/Foreign Country: Germany	Country of Citizenship: Germany
Post Office Address:	Post Office Address: Schlehdornsteig 17	City: Berlin	State/Country: Germany Postal Code: 14129

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  Harald Stein (PROF. OF PATHOLOGY) Date 10/31/2003	Signature of Inventor 2  Horst Dürkop (PROF. OF PATHOLOGY) Date 10/31/2003
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